

1 Chad Edward Kastle
2 CDCR # P86598
3 Salinas Valley State Prison
4 31625 Hwy 101
5 Soledad, CA 93960

FILED

30 JAN 28 AM 10:48

U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

6 In Pro Per,

7
8 UNITED STATES DISTRICT COURT
9 NORTHERN DISTRICT OF CALIFORNIA
10

11 CHAD EDWARD KASTLE

12 Plaintiff,

13 vs.

14
15 ARNOLD SCHWARZENEGGER,
16 et al.

17 Defendant.

CV 08 00648

CASE NO. _____

JF

PRISONER'S APPLICATION TO PROCEED
IN FORMA PAUPERIS

18
19 I, Chad E. Kastle, declare under penalty of
20 perjury that I am the Plaintiff in the above entitled case and
21 that the information I offer throughout this application is
22 true and correct. I offer this application in support of my
23 request to proceed without being required to prepay the full
24 amount of fees, costs or give security. I state that because
25 of my poverty I am unable to pay the costs of this action or
26 give security, and that I believe that I am entitled to relief.

27 In support of this application, I provide the following
28 information:

1. Are you presently employed? Yes ☒ No ☐

If your answer is "yes," state both your gross and net salary

or wages per month, and give the name and address of your employer:

Gross: 13¢/HR

Net: 6¢/HR

Employer: Salinas Valley State Prison

as Building Porter, Inmate Job No. PRT.B-521

If the answer is "no," state the date of last employment and the amount of the gross and net salary and wages per month which you received. (If you are imprisoned, specify the last place of employment prior to imprisonment.)

2. Have you received, within the past twelve (12) months, any money from any of the following sources:

- a. Business, Profession or self employment? Yes ☐ No ☒
- b. Income from stocks, bonds or royalties? Yes ☐ No ☒
- c. Rent payments? Yes ☐ No ☒
- d. Pensions, annuities, or life insurance payments? Yes ☐ No ☒
- e. Federal or State welfare payments, Social Security or other government source? Yes ☐ No ☒

If the answer is "yes" to any of the above, describe each source of money and state the amount received from each.

3. Are you married?

Yes ☐ No ☒

Spouse's Full Name: _____

Spouse's Place of Employment: _____

Spouse's Monthly Salary, Wages or Income: _____

<u>Name of Account:</u>	<u>Monthly Payment:</u>	<u>Total Owed on Acct:</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

Restitution of \$50,000.00 To Ventura
County Superior Court.

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits?

Yes X No _____

Please list the case name(s) and number(s) of prior lawsuit(s) and the name of the court in which they were filed:

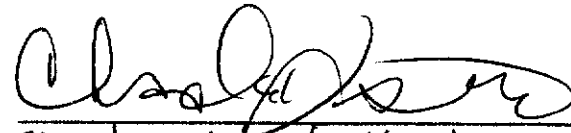
In re Chad E. Kastle (2007) Superior Court NO. HC5929
Filed on October 5, 2007, Monterey County.

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under penalty of perjury that the foregoing is true and correct, and understand that a false statement herein may result in the dismissal of my claims.

Dated this 24th day of December, 2007.

Respectfully Submitted,


Chad Edward Kastle
Plaintiff, In Pro Per.

Case Number: _____

CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of D86598 Kastle Chad for the last six months

at

**SALINAS VALLEY STATE PRISON
ACCOUNTING DEPARTMENT
P.O. BOX 1020
SOLEDAD, CA 93960-1020**

[prisoner name]

_____ where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 7.68 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 8.16.

Dated: 1/10/08

L. Macias

[Authorized officer of the institution]

REPORT ID: TS3030 .701

REPORT DATE: 01/10/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
SALINAS VALLEY STATE PRISON
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JUL. 01, 2007 THRU JAN. 10, 2008

ACCOUNT NUMBER : P86598

BED/CELL NUMBER: FBB5T1000000102U

ACCOUNT NAME : KASTLE, CHAD EDWARD

ACCOUNT TYPE: I

PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
07/01/2007		BEGINNING BALANCE					2.93
07/05	W512	LEGAL POSTAGE	0053 LPOST			0.05	2.88
07/06	*VD54	INMATE PAYROL	0072 P6/07		8.38		11.26
07/10	W516	LEGAL COPY CH	0109 LCOPY			8.38	2.88
07/12	W515	COPY CHARGE	0149 /COPY			2.88	0.00
08/06	*VD54	INMATE PAYROL	0415 P7/07		7.99		7.99
08/07	W516	LEGAL COPY CH	0427 LCOPY			0.60	7.39
08/14	W512	LEGAL POSTAGE	0503 ENVEL			1.10	6.29
08/16	W512	LEGAL POSTAGE	0531 ENVEL			1.35	4.94
08/23	W512	LEGAL POSTAGE	0590 ENVEL			1.35	3.59
08/23	W512	LEGAL POSTAGE	0598 ENVEL			1.10	2.49
08/23	W516	LEGAL COPY CH	0598 LCOPY			0.20	2.29
08/28	W515	COPY CHARGE	0629 MCOPY			1.19	1.10
08/28	W512	LEGAL POSTAGE	0630 ENVEL			1.10	0.00
09/07	*VD54	INMATE PAYROL	0705 P8/07		8.75		8.75
09/13	W515	COPY CHARGE	0781 MCOPY			8.75	0.00
10/04	*VD54	INMATE PAYROL	0976 P9/07		7.99		7.99
10/04	W515	COPY CHARGE	0991 MCOPY			3.74	4.25
10/18	W512	LEGAL POSTAGE	1108 ENVEL			1.35	2.90
10/24	W512	LEGAL POSTAGE	1162 LPOST			2.16	0.74
11/01	W512	LEGAL POSTAGE	1220 LPOST			0.74	0.00
11/06	*VD54	INMATE PAYROL	1256P10/07		8.38		8.38
11/07	W512	LEGAL POSTAGE	1289 LPOST			0.41	7.97
11/07	W512	LEGAL POSTAGE	1289 LPOST			0.58	7.39
11/07	W512	LEGAL POSTAGE	1289 LPOST			0.41	6.98
11/08	W516	LEGAL COPY CH	1296 LCOPY			0.80	6.18
11/14	W512	LEGAL POSTAGE	1343 ENVEL			1.35	4.83
11/20	W512	LEGAL POSTAGE	1411 ENVEL			1.60	3.23
11/20	W516	LEGAL COPY CH	1411 LCOPY			3.23	0.00
12/06	*VD54	INMATE PAYROL	1492P11/07		4.57		4.57
12/13	W516	LEGAL COPY CH	1568 LCOPY			4.57	0.00
ACTIVITY FOR 2008							
01/07	*VD54	INMATE PAYROL	1736P12/07		7.99		7.99
01/07	W512	LEGAL POSTAGE	1745 LPOST			4.08	3.91
01/07	W512	LEGAL POSTAGE	1746 ENVEL			1.10	2.81
01/09	W516	LEGAL COPY CH	1781 LCOPY			2.40	0.41

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
11/27/2007	H107	POSTAGE HOLD	1435 POST	0.41

REPORT ID: TS3030 .701

REPORT DATE: 01/10/08

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SALINAS VALLEY STATE PRISON
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JUL. 01, 2007 THRU JAN. 10, 2008

ACCT: P86598

ACCT NAME: KASTLE, CHAD EDWARD

ACCT TYPE: I

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
12/20/2007	H109	LEGAL POSTAGE HOLD	1636 LPOST	4.60
01/02/2008	H109	LEGAL POSTAGE HOLD	1697 ENVEL	0.80
01/02/2008	H118	LEGAL COPIES HOLD	1696 LCOPY	7.20
01/03/2008	H109	LEGAL POSTAGE HOLD	1700 LPOST	0.41
01/04/2008	H118	LEGAL COPIES HOLD	1734 LCOPY	20.40
01/09/2008	H114	COPAY FEE, MED.	1785DCOPAY	5.00

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 06/26/00

COUNTY CODE: *VEN

CASE NUMBER: *CR45410

FINE AMOUNT: \$ 52,372.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
07/01/2007		BEGINNING BALANCE		51,696.73
07/06/07	VR54	RESTITUTION DEDUCTION-SUPPORT	9.29-	51,687.44
08/06/07	VR54	RESTITUTION DEDUCTION-SUPPORT	8.87-	51,678.57
09/07/07	VR54	RESTITUTION DEDUCTION-SUPPORT	9.71-	51,668.86
10/04/07	VR54	RESTITUTION DEDUCTION-SUPPORT	8.87-	51,659.99
11/06/07	VR54	RESTITUTION DEDUCTION-SUPPORT	9.29-	51,650.70
12/06/07	VR54	RESTITUTION DEDUCTION-SUPPORT	5.07-	51,645.63
01/07/08	VR54	RESTITUTION DEDUCTION-SUPPORT	8.87-	51,636.76

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
 * IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
2.93	54.05	56.57	0.41	38.82	0.00



THE WITHIN INSTRUMENT IS A CORRECT
 COPY OF THE TRUST ACCOUNT MAINTAINED
 BY THIS OFFICE. 1/10/08
 ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS
 BY *L. Mares* SUPERVISOR
 TRUST OFFICE

CURRENT
 AVAILABLE
 BALANCE

38.41-

PRISONER AUTHORIZATION

If my request to proceed without prepayment of filing fees is granted, I understand that I am required by statute to pay the full amount of the filing fees for this case, regardless of my forma pauperis status and the disposition of this case. I further authorize the prison officials at this institution to assess, collect and forward to the Court the full amount of these fees, in monthly payments based on the average of deposits to or balance in my prison trust account in accordance with 28 U.S.C. Section 1915.


Prisoner-Plaintiff (Signature)

CHAD EDWARD KASTLE
CDCR # P-86598

CERTIFICATE OF AUTHORIZED OFFICER

I hereby certify that the Prisoner-Plaintiff herein has credit in the sum of \$_____ on account at the _____ institution where Prisoner-Plaintiff is confined.

I further certify that during the past six months the applicant's average monthly balance was \$_____. I further certify that during the past six months the average of monthly deposits to the applicant's account was \$_____.

A certified copy of the prisoner-plaintiff's trust account statement for the last six (6) months is attached.

Date

Authorized Officer of Institution (Signature)